

INSTRUCTIONS

WHO MUST APPLY?

- Except for the exemptions, all persons who distribute within or into the state of Nebraska at wholesale or retail, or who possess pesticides with an intent to distribute them, are required to be licensed as a pesticide dealer for each distribution location. This includes distribution from an internet site.
- Any manufacturer, registrant, or distributor who has no pesticide dealer outlet licensed within the state and who distributes such pesticides directly into the state is required to obtain a pesticide dealer license for his, her, or its principle out-of-state location or outlet.
- All applicants located outside the state are required to file with the Nebraska Department of Agriculture (NDA) a written instrument designating a resident agent for service of process in actions taken in the administration and enforcement of this act. In lieu of designating a resident agent, the applicant may designate the Secretary of State as the recipient of service of process for the applicant in this state.

APPLICATION DEADLINES AND FEES

- All applications for an initial pesticide dealers license are required to be submitted prior to commencing business as a pesticide dealer in Nebraska.
- Applications for renewal of pesticide dealer licenses are required to be submitted to NDA prior to January 1 of each year.
- All applications are to be accompanied by an annual license fee of \$25.
- Renewal applications not filed before January 1 each year shall be assessed a late fee of 25% per month in addition to the license fee. Total fees due shall not exceed 100% of the license fee.

COMPLETING THE FORM

- Section 1: Enter the name and street address of the establishment to be licensed. This should be the actual pesticide distribution site. Provide the name, telephone number, fax number, and e-mail address of the person to be contacted for general correspondence and renewal notices.
- Section 2: Enter the mailing address of the establishment, if different than the street address.
- Section 3: Partnership includes all types of partnerships, such as general, limited, and joint venture. A corporation includes all types of corporations, such as "C" corporations, "S" corporations, nonprofit, domestic, and foreign corporations. If your business is owned by an entity that is not listed, please check the "Other" box and explain the type of organization under which you are operating.
- Section 4: Enter the name, address, telephone number, fax number, and e-mail address of the person or entity who owns the business from where the pesticides are distributed. If the information is exactly the same as #1, then enter "Same" in this section.
- Section 5: Enter the name, address, telephone number, and fax number of the corporate office. Enter the name and e-mail of the contact person at the corporate office.
- Section 6: Enter the name and address of the person who should be receiving copies of any notices, orders, or correspondence from NDA. This person must be eligible to receive notice and respond to any actions taken by the Department. **APPLICANTS LOCATED OUTSIDE THE STATE OF NEBRASKA MUST DESIGNATE A RESIDENT AGENT, OR THEY MAY DESIGNATE THE SECRETARY OF STATE IN THIS SECTION.**
- Section 7: Self explanatory.
- Section 8: Self explanatory.
- Signature: Application must be signed by an owner, partner, or corporate officer.

EXEMPTIONS

Persons claiming one of the following pesticide dealer license exemptions should check the appropriate box and complete the requested information in this section. Return this form to the Nebraska Department of Agriculture, Bureau of Plant Industry, even if the exemption portion of this form is the only section needing completion.

No fees are required when submitting a dealer license exemption request.

- ☐ I am a licensed commercial or noncommercial applicator who uses restricted-use pesticides only as an integral part of a pesticide application service. I do not distribute any unapplied pesticides.
- ☐ I sell only pesticide products in containers holding 50 pounds or less by weight or one gallon or less by volume. I do not sell any restricted-use pesticide or bulk pesticides.
- ☐ I sell only general-use specialty pesticides. (Specialty pesticide includes disinfectants, biocides, sanitizers, and home use only.)
- ☐ I currently do not sell any pesticides.

Complete the following if one of the above exemptions has been claimed. Indicate which exemption you are claiming and submit your signed statement to this effect below.

Business name:	_____
Address:	_____
City/state/zip:	_____
Telephone:	_____

Corporate office or owner name (if different than above):	_____
Address:	_____
City/state/zip:	_____
Telephone:	_____

This exemption claimed above accurately describes my business activity.

Signature

Title

Date

